



..CITY OF DUBLIN

Division of Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

GROUP FUNDRAISING APPLICATION

DATE ISSUED _____

DATE EXPIRES _____

NOTE: Applicants are highly encouraged to contact Code Enforcement at (614) 410-4600 for assistance. Group fund raising permits are issued for a period not to exceed one (1) year. Permits are not required for canvassers for a political or religious purpose if the group is not soliciting funds. Religious organizations, schools, and scouting organizations are not required to obtain individual identification cards for minors who are soliciting. However, an adult supervisor is required to have a copy of the approved certificate.

All solicitors must have the following items on their person during the group's campaign and must be provided for review by the general public upon request:

1. A copy of the group fund raising certificate
2. An information card that includes the following information:
 - Charitable organization name
 - Name of the solicitor
 - Description of the purpose of solicitation
 - Period for which the certificate is issued
 - Description of the solicitor, such as age, weight, and height
 - Signatures of the solicitor and an officer or official of the organization.

I. PLEASE SUBMIT THE FOLLOWING:

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ONE (1) LETTER ON ORGANIZATION LETTERHEAD including the following:

- a. A request from the organization to solicit funds within the City of Dublin.
- b. A description of the charitable organization.
- c. The nature of the charitable or religious purpose for which the contributions, donations, or sale proceeds will be applied.
- d. Name and phone number of a local contact person, officer, or official of the charitable organization.
- e. Color copy of valid Government Issued photo identification.

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ONE (1) COPY OF CURRENT 501(C)(3) LETTER that recognizes the charitable organization as tax exempt

II. APPLICANT INFORMATION: *This section must be completed.*

Applicant Name:	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	
Charitable Organization Name:	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

III. STATEMENT OF ACKNOWLEDGEMENT: *To be completed by the Applicant.*

I/WE _____ agree to abide by all rules and regulations as established by the City of Dublin, Ohio, concerning group fund raising events and the solicitation of funds.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY:

Permission Granted for Event By:

Title:

Date: